



Rosary Primary School

TOGETHER WE DO OUR BEST | BELIEVE | EXPLORE | STRIVE | TRIUMPH

Dear Parents,

The 2018 Year 6 camp will be held at Milson Island Sport and Recreation Centre, NSW. It will be a 3 night 4 day camp.

Camp Dates: Tuesday 20 February – Friday 23 February 2018



Cost: maximum cost **\$420**

The cost for each child includes:

- food at camp (morning tea will need to be provided on day one)
- accommodation and activities
- coach hire and ferry transfer

Payment is included in the fees for 2018.

The purpose of the Year 6 camp is to continue developing the leadership capacity of our students by using cooperative skills activities, incorporating self-esteem and physical challenges. Activities may include: Abseiling, Giant Swing, Challenge Ropes Course, Kayaking, Raft Building and Orienteering.

Attached are the various consent and information forms that need to be filled in for your child. These forms cover different aspects including: medical, dietary needs and travel. You will notice that there is a double up on some of the forms and this is because the Catholic Education Office and Milson Island Sport and Recreation Centre both require these forms to be filled in.

School forms need to be returned by Wednesday 13th December 2018 (Week 10).

There is also a NSW Sport and Rec online form which needs to be completed by Monday 22nd January 2018. It is vital that the Milson Island Sport and Recreation Centre receives information relating to the medical, dietary and other special needs of our students. This date is during the school holidays so please consider filling out the online form **as soon as possible**, ideally before the Christmas holidays, to avoid camp registration problems during the school holidays.

The details of the online NSW Sport and Rec form are below:

Milson Island Sport and Recreation Centre online Medical and Consent form is available at:

<https://sportandrecreation.nsw.gov.au/facilities/medicalandconsentform>

Parents/guardians must complete this form on behalf of their child using the information below:

Booking Number: 518327

Booking Start Date: 20/02/2018

Booking Venue: Milson Island Sport and Recreation Centre

A packing list of clothing, bus times and other requirements will be sent home in Week 1 Term 1 2018.

The CEO wishes to ensure that the parents/students understand the effect of the Milson Island Risk waivers and releases so that they can make their own informed decision as to whether or not to allow each student to participate. To this end we must include the following:

Sport and Recreation implements a range of risk-management processes to minimise real risk to all participants. These include providing industry-recognised training and assessment and ongoing staff development for activity delivery and high standards of facility and equipment management. In addition, Sport and Recreation has an established Compliance and Risk Management Unit that supports Centres in meeting risk-management requirements.

Sport and Recreation recognises participation in outdoor pursuits carries a level of inherent risk. It is not possible to totally eliminate risk, nor would this be desirable, as an element of risk is required to challenge and develop students. The programs conducted at the 11 Centres are designed to foster the positive benefits associated with risk. This means students can experience a true sense of achievement, in an environment that identifies and mitigates real risk of harm.

Facilities operating with school-age children in a residential setting will inevitably have occasional accidents and incidents. These include minor accidents that active people may typically experience such as sprains, abrasions, bruises, stings or minor illnesses. Examples of risks that may apply to any activity during the program are addressed in the 'CENTRES' section of this document on page 3.



The adults attending camp will be the 2018 Year 6 teachers and two executive staff.

Please do not hesitate to contact the school if you have any questions. If you have difficulty in meeting the costs of the Year 6 camp, please organise an appointment with Mrs Van der Sanden to make alternative arrangements.

Yours sincerely,

Amanda Jiang

(current Year 6 teacher)

Yr 6 Excursion to Milson Island Sport and Recreation Centre

Date: Tuesday 20th February to Friday 23rd February 2018

STUDENT DETAILS:

Name of Student: _____ Date of Birth: ___/___/___
Current Class: _____ Home Phone No: _____
Mother's Name: _____ Work Phone: _____
Mobile: _____
Father's Name: _____ Work Phone: _____
Mobile: _____

EMERGENCY CONTACT:

Name: _____ Phone: _____
Relationship: _____ Medicare No: _____
Private Health Insurance: _____

STUDENT MEDICAL DETAILS:

Date of last Tetanus injection: _____

If your child has asthma please complete the attached School Camp Asthma Management Plan (*attached*).

Details:

- | | |
|---|----------|
| 1. Heart Problems | YES / NO |
| 2. Respiratory Problems | YES / NO |
| 3. Allergies | YES / NO |
| 4. Travel Sickness | YES / NO |
| 5. Blood Pressure | YES / NO |
| 6. Phobias | YES / NO |
| 7. Bed Wetting | YES / NO |
| 8. Operations | YES / NO |
| 9. Recent Illness | YES / NO |
| 10. Drugs Required | YES / NO |
| 11. Drugs Reactions (eg Penicillin Allergy) | YES / NO |
| 12. Other Information | YES / NO |
| 13. Ambulance Insurance | YES / NO |

14. Special Dietary Needs – please indicate _____

15. If answer is YES to any of the above please detail additional information (eg Treatment plans, etc).

WATER EXCURSION PERMISSION

This excursion involves water activities. Please complete the section below allowing your child to participate in the water activities.

I give permission for my child _____ of (current class) _____ to participate in water activities during the Yr 6 Camp to Milson Island Sport and Recreation Centre.

Please indicate your child's swimming ability by signing the appropriate description.

My child is a:

- Strong (50m unaided) _____ (signature)
- Average (25m unaided) _____ (signature)
- Poor (10m unaided) _____ (signature)
- non-swimmer _____ (signature)

PARENTAL CONSENT:

As Parent/ Guardian of _____ I give my consent for him/her to participate in the Yr 6 excursion (Milson Island Sport and Recreation Centre) and agree to delegate my authority to the staff and instructors involved. Such teachers and instructors may take appropriate disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group, or individually in the above mentioned activity.

I submit the attached medical information about the above mentioned student and include details of limitations, which he/she has for the activities concerned.

If I cannot be contacted to give approval for medical assistance I authorise the teachers and instructors to obtain medical assistance, which they deem necessary should an accident occur. If I am unable to be contacted to give approval, I further authorise qualified medical practitioners to administer anesthetic if such an eventuality arises. I agree to pay all medical expenses incurred on behalf of the abovementioned student.

I accept that my child is to behave in an appropriate manner and have explained this obligation to him/her. I agree that if my child seriously contravenes behavioural expectations he/she may be immediately excluded.

Parent/Guardian Signature: _____ **Date:** _____

PLEASE ONLY COMPLETE IF YOUR CHILD HAS ASTHMA

School Camp Asthma Management Plan

This record is to be completed by parents/carers in consultation with their child's doctor (general practitioner), Parents/carers should inform the school immediately if there are any changes to the management plan. Please tick (✓) the appropriate box and print your answers clearly in the blank spaces where indicated.

Student's Name: _____ Year Group: _____

Gender: M F Age: _____ Date of Birth: ___/___/___ Form/Class: _____

Emergency Contact (eg. Parent/Carer): _____

Relationship: _____

Phone (H): _____ (B/H): _____ Mobile: _____

Doctor's Name: _____

Phone (B/H): _____ Mobile: _____

Ambulance Subscriber: Y N Subscriber No _____ Medicare No. _____

Usual Asthma Management Plan

Usual signs of student's asthma	Worsening signs of student's asthma	What triggers the student's asthma
	Increased signs of:	
Wheezing <input type="checkbox"/>	Wheezing <input type="checkbox"/>	Exercise <input type="checkbox"/>
Tightness in chest <input type="checkbox"/>	Tightness in chest <input type="checkbox"/>	Colds/Viruses <input type="checkbox"/>
Coughing <input type="checkbox"/>	Coughing <input type="checkbox"/>	Pollens <input type="checkbox"/>
Difficulty in breathing <input type="checkbox"/>	Difficulty in breathing <input type="checkbox"/>	Dust <input type="checkbox"/>
Difficulty in speaking <input type="checkbox"/>	Difficulty in speaking <input type="checkbox"/>	Food <input type="checkbox"/>
Other (please describe) <input type="checkbox"/>	Other (please describe) <input type="checkbox"/>	which foods? <input type="checkbox"/>
_____	_____	_____
_____	_____	_____
_____	_____	Other Triggers (Please note)
_____	_____	_____
Does your child need assistance taking their medication Y <input type="checkbox"/> N <input type="checkbox"/>		

Any other information that will assist with the asthma management of the student while on camp.
eg. peak flow, asthma action plan, night time asthma, recent attacks (attach additional information if necessary)

Medication requirements: (including preventers, symptom controllers or medication needed before exercise)

Name of Medication	Method (eg puffer & spacer, turbuhaler)	When and how much?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____